

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-1150

2010

Open to Public Inspection

Form 990-EZ

Department of the Treasury
Internal Revenue Service

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2010 calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
STEEL CITY FINS - THE PITTSBURGH PARROT HEAD CLUB, INC.

D Employer identification number
26-3548113

E Telephone number
412-394-7809

F Group Exemption Number
 Number **▶**

G Accounting Method: Cash Accrual Other (specify) **▶**

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: **▶ STEELCITYFINS.ORG**

J Tax-exempt status (check only one) — 501(c)(3) 501(c) (**7**) ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ **▶ \$ 58,047.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)
 Check if the organization used Schedule O to respond to any question in this Part I

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received															3,397.												
	2	Program service revenue including government fees and contracts															49,964.												
	3	Membership dues and assessments															3,370.												
	4	Investment income																											
	5a	Gross amount from sale of assets other than inventory																											
	b	Less: cost or other basis and sales expenses																											
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																											
	6	Gaming and fundraising events																											
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)																											
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)																												
c	Less: direct expenses from gaming and fundraising events																												
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																												
7a	Gross sales of inventory, less returns and allowances																												
b	Less: cost of goods sold																												
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																												
8	Other revenue (describe in Schedule O) SEE SCHEDULE O															1,316.													
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8															58,047.													
Expenses	10	Grants and similar amounts paid (list in Schedule O) SEE SCHEDULE O															8,672.												
	11	Benefits paid to or for members																											
	12	Salaries, other compensation, and employee benefits																											
	13	Professional fees and other payments to independent contractors															250.												
	14	Occupancy, rent, utilities, and maintenance																											
	15	Printing, publications, postage, and shipping															77.												
	16	Other expenses (describe in Schedule O) SEE SCHEDULE O															50,046.												
17	Total expenses. Add lines 10 through 16															59,045.													
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)															-998.												
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)															4,924.												
	20	Other changes in net assets or fund balances (explain in Schedule O)															0.												
	21	Net assets or fund balances at end of year. Combine lines 18 through 20															3,926.												

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

**STEEL CITY FINS - THE PITTSBURGH
PARROT HEAD CLUB, INC.**

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V **X**

		Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.			
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/A	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0.			
b Did the organization file Form 1120-POL for this year?	37b		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A	
39 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on line 9	39a		0.
b Gross receipts, included on line 9, for public use of club facilities	39b		0.
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u> N/A </u> ; section 4912 ▶ <u> N/A </u> ; section 4955 ▶ <u> N/A </u>			
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	N/A	
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			N/A
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			N/A
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41 List the states with which a copy of this return is filed. ▶ <u> NONE </u>			
42a The organization's books are in care of ▶ <u> SAM CROSSMAN, TREASURER </u> Telephone no. ▶ <u> 724-991-5250 </u> Located at ▶ <u> 141 SINGLETON ROAD, SARVER, PA </u> ZIP + 4 ▶ <u> 16055 </u>			
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
If "Yes," enter the name of the foreign country: ▶ _____			
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	43		N/A
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		X
c Did the organization receive any payments for indoor tanning services during the year?	44c		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		

STEEL CITY FINS - THE PITTSBURGH PARROT HEAD CLUB, INC.

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ		X
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.
Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a Did the organization make any transfers to an exempt non-charitable related organization?		
b If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
N/A				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." N/A

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: _____ Date: _____
SAM CROSSMAN, TREASURER
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
		02/09/11		
Firm's name	Firm's address		Firm's EIN	Phone no.
KESSINGER & KLANICA, LLC	707 GRANT STREET - SUITE 1730 PITTSBURGH, PA 15219			(412) 394-7809

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2010

Name of the organization

STEEL CITY FINS - THE PITTSBURGH
PARROT HEAD CLUB, INC.

Employer identification number

26-3548113

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(7) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ 3,397.

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization STEEL CITY FINS - THE PITTSBURGH PARROT HEAD CLUB, INC.	Employer identification number 26-3548113
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization STEEL CITY FINS - THE PITTSBURGH PARROT HEAD CLUB, INC.	Employer identification number 26-3548113
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Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____
_____	_____ _____ _____ _____	\$ _____	_____

Name of organization STEEL CITY FINS - THE PITTSBURGH PARROT HEAD CLUB, INC.	Employer identification number 26-3548113
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

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FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:

DESCRIPTION OF OTHER REVENUE:	AMOUNT:
FINSWEAR SALES TO MEMBERS	1,316.

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION: CANCER SUPPORT SERVICES

GRANTEE NAME: CANCER CARING CENTER

GRANTEE ADDRESS: 4117 LIBERTY AVENUE PITTSBURGH, PA 15224

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 04/ /10

AMOUNT GIVEN: 4,670.

ACTIVITY CLASSIFICATION: MEDICAL SUPPORT SERVICES

GRANTEE NAME: M.S. SERVICE SOCIETY OF WESTERN PA

GRANTEE ADDRESS: 875 GREENTREE RD, 2 PARKWAY CTR, STE 125

PITTSBURGH, PA 15220

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 06/ /10

AMOUNT GIVEN: 1,616.

ACTIVITY CLASSIFICATION: MEDICAL SUPPORT SERVICES

GRANTEE NAME: RONALD MCDONALD HOUSE

GRANTEE ADDRESS: 500 SHADY AVENUE PITTSBURGH, PA 15206

SCHEDULE O
(Form 990 or 990-EZ)

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Internal Revenue Service

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GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 12/ /10

AMOUNT GIVEN: 300.

ACTIVITY CLASSIFICATION: MEDICAL RESEARCH

GRANTEE NAME: CYSTIC FIBROSIS FOUNDATION OF W PA

GRANTEE ADDRESS: 810 RIVER AVENUE, SUITE 100 PITTSBURGH, PA 15212

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 10/ /10

AMOUNT GIVEN: 1,082.

ACTIVITY CLASSIFICATION: CANCER SUPPORT SERVICES

GRANTEE NAME: GILDA'S CLUB OF WESTERN PA

GRANTEE ADDRESS: 2816 SMALLMAN STREET PITTSBURGH, PA 15222

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: PURCHASE FOOD FOR THANKSGIVING DINNER

DATE OF GIFT: 11/ /10

AMOUNT GIVEN: 404.

ACTIVITY CLASSIFICATION: MEDICAL SUPPORT SERVICES

GRANTEE NAME: GLOBAL LINKS

GRANTEE ADDRESS: 4809 PENN AVENUE PITTSBURGH, PA 15224

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

SCHEDULE O
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Department of the Treasury
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Name of the organization **STEEL CITY FINS - THE PITTSBURGH
PARROT HEAD CLUB, INC.** Employer identification number
26-3548113

DATE OF GIFT: 12/ /10

AMOUNT GIVEN: 300.

ACTIVITY CLASSIFICATION: MEDICAL SUPPORT SERVICES

GRANTEE NAME: ALZHEIMERS ASSOCIATION

GRANTEE ADDRESS: 1100 LIBERTY AVENUE PITTSBURGH, PA 15222

GRANTEE RELATIONSHIP: NONE

PROPERTY DESCRIPTION: CASH

DATE OF GIFT: 12/ /10

AMOUNT GIVEN: 300.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 8,672.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
PHIP NATIONAL MEMBERSHIP RENEWAL	169.
FINSWEAR EXPENSES FOR SALE TO MEMBERS	1,531.
ANNIVERSARY CRUISE EXPENSES	2,100.
HAPPY HOUR EXPENSES	100.
JIMMY BUFFETT CONCERT TICKETS	31,019.
ST PATRICK'S DAY PARADE EXPENSES	643.
CABIN FEVER EXPENSES	8,376.
PRE-CONCERT TAILGATE, BUS AND PARKING EXPENSES	5,915.
OTHER CONCERT EXPENSE (REFUND)	136.
WEBSITE EXPENSE	57.
TOTAL TO FORM 990-EZ, LINE 16	50,046.

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FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - STEEL CITY FINS, THE
PITTSBURGH PARROT HEAD CLUB, INC. IS A NOT-FOR-PROFIT SECTION 501(C)(7)
SOCIAL CLUB WHOSE PRIMARY PURPOSE IS TO ASSIST IN LOCAL, COMMUNITY AND
ENVIRONMENTAL CONCERNS, AND TO PROVIDE A VARIETY OF SOCIAL ACTIVITIES
FOR PEOPLE WITH SIMILAR TASTES AND INTERESTS.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

THE ANNUAL "CABIN FEVER" EVENT, HELD AT A LOCAL HOTEL IN
FEBRUARY, WAS A "VOLCANIC" SUCCESS. MANY JIMMY BUFFETT
FANS CONGREGATED TO RELAX, LISTEN TO ISLAND MUSIC AND
PARTICIPATE IN ACTIVITIES CONSISTENT WITH THE CLUB'S MISSION. A
SIGNIFICANT "PROFIT" WAS GARNERED IN 2010, WITH A RESULT OF A DONATION
OF THAT PROFIT, \$4370, BEING MADE TO THE CANCER CARING CENTER.

FORM 990-EZ, PART III, LINE 29, PROGRAM SERVICE ACCOMPLISHMENTS:

THE ANNUAL JIMMY BUFFETT CONCERT IN PITTSBURGH IS ALWAYS
THE HIGHLIGHT OF THE ORGANIZATION'S YEAR. A BLOCK OF
CONCERT TICKETS ARE PURCHASED BY THE CLUB FOR MEMBERS AT
COST. THE TAILGATE PARTY AT THE CONCERT VENUE'S PARKING LOT, ALONG WITH
ITS COSTUMES AND DECORATIONS, EXEMPLIFIES THE SPIRIT OF THE CLUB AND
ITS MEMBERS.

FORM 990-EZ, PART III, LINE 30, PROGRAM SERVICE ACCOMPLISHMENTS:

THE CLUB'S ANNUAL "FALL CRAWL" COMBINED MUSIC WITH
MARGARITAS, MOJITOS AND CERVEZA AND WAS ATTENDED BY MANY
OF THE CLUB'S MEMBERS AND GUESTS. THE EVENING'S ACTIVITIES

SCHEDULE O
(Form 990 or 990-EZ)

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RESULTED IN RAISING OVER \$1,000 FOR THE CYSTIC FIBROSIS FOUNDATION AND
 GILDA'S CLUB. A TOTAL OF \$1,082 CASH WAS FORWARDED ON TO THE CYSTIC
 FIBROSIS FOUNDATION, AND FOOD AND SUPPLIES TOTALING \$404 FOR THE
 GILDA'S CLUB THANKSGIVING DINNER WERE PROVIDED TO THAT CHARITY.

FORM 990-EZ, PART III LINE 31, OTHER PROGRAM SERVICE ACCOMPLISHMENTS:
 OTHER SOCIAL ACTIVITIES INCLUDED AN ANNIVERSARY CRUISE, ST. PATRICKS
 DAY PARADE PARTICIPATION, A BAR CRAWL AND MONTHLY SOCIAL EVENTS HELD
 AT LOCAL RESTAURANTS.

GRANTS \$ 1,616. EXPENSES \$ 2,100.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:
 THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
 OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.
 THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
 OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.